

Laboratory Security System Employee Access- Restricted Laboratory

Massachusetts Department of Public Health

William A. Hinton State Laboratory Institute

305 South Street, Jamaica Plain, MA 02130

Form completion instructions: 1. Complete for each restricted laboratory to which an employee will be granted access.
 2. Complete when access is terminated and when there are changes to employee's restricted laboratory access.

Employee Information			
Employee Name (print): Dookhan, Annie	Employee Room/Phone: / 983-		
LSS Training Date:	Date of Access Activation:		
Access Identification Card: Card no: Fingerprint no:	Employee's Supervisor (print):		
Restricted Laboratory Access Information			
Access to Laboratory (check all that apply)	Restricted Laboratory Access Approval	Signature	Date
306/307, 308, 309/310, 313	Julianne Nassif		
404, 404A, 404B	Cheryl Gauthier		
463, 464, 414C	Glenn Krumholz		
713A, 713B, 713C, 713	Raimond Konomi		
712	Raimond Konomi		
712A, 712B	Raimond Konomi		
755	Paul Elvin		
813	Scott Hennigan		
760, 866, 869	Scott Hennigan		
Access Level of Employee			
<input checked="" type="checkbox"/> Level I (24 hours/day, 7 days/week)	Other access level (specified by Restricted Laboratory Supervisor):		
Signature of Employee/Date:		Signature of Employee's Supervisor/Date:	
Responsible Official (signature):		LSS Manager (signature):	
Print name/date:		Print name/date: KATHLEEN L. NAWN	

Termination of Access Card Information

Date of Termination of Access:	LSS Manager Signature/Date:
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